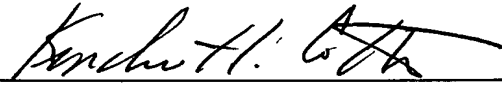


- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1135.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 06-1135. Should no proper payment be enclosed herewith, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1135. A duplicate copy of this sheet is enclosed.

Date: May 3, 2005


Kendrew H. Colton
Registration No. 30,368

OFFICIAL CORRESPONDENCE TO
Customer No. 42798
FITCH, EVEN, TABIN & FLANNERY
1801 K Street, NW, Suite 401L
Washington, DC 20006-1201
Tel: (202) 419-7000
Fax: (202) 419-7007